

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035900

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

234

STATE FILE NUMBER

FILED SEP 24 1963

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		c. CITY OR TOWN Clinton	
Length of stay in lb years		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital		d. STREET ADDRESS (If outside, give location) 602 E. Ohio St.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LILLIE A. Middle HENRY Last		4. DATE OF DEATH Month September Day 16 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/19/75
9. AGE (last birthday) 88		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and state or country) Henry Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Milton Knoles		13b. MOTHER'S MAIDEN NAME Hallie Hutcherson	
14. NAME OF HUSBAND OR WIFE Walter S. Henry		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
No		16. SOCIAL SECURITY NO. Mrs Hallie Kinyon, Clinton, Mo.	
17. INFORMANT Mrs Hallie Kinyon, Clinton, Mo.		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary paralysis	

Interval between ONSET AND DEATH minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) Cerebral Hemorrhage	
DUE TO (c) Cerebral Arteriosclerosis	
Interval between ONSET AND DEATH hours	
Interval between ONSET AND DEATH years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 10:15 p.m. Month, Day, Year 9/16/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Sept. 14, 63, to Sept. 16, 1963 and last saw her alive on 9/16/63 Death occurred at 10:15 pm 9/16/63 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James P. Chene		22b. ADDRESS Clinton, Mo.	
22c. DATE SIGNED 9-18-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 19th Sept. 1963		23c. NAME OF CEMETERY OR CREMATORY Englewood	
23d. LOCATION (City, town, or county) Clinton, Missouri		24. FUNERAL DIRECTOR Consalus Clinton, Mo.	
25. DATE RECD. BY LOCAL REG. Sept 18-1963		26. REGISTRAR'S SIGNATURE Mildred Bigam	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

0425

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STATEMENT BY LICENSED EMBALMER:

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene R. Conner

Licensed Embalmer No. 4680

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained

9-18-63

(WMS)